Effective Supervision and Learning....

Public School Internships Sacramento State Department of Communication Sciences and Disorders

Getting to Know You.....

What's your style?....

Take a look at the

Supervision

Self-Assessment.

Questions?

How would you rate yourself in these areas? Discuss.....

Exercise – Supervision Self Assessment

Please answer the following questions as honestly as possible, and be prepared to discuss your answers in the large group.

- 1. What do I believe about how change occurs for people?
- 2. What are the crucial variables in training and supervision?
- 3. How do I measure success in supervision?
- 4. How do I contribute to that success?
- 5. What is the hardest type of person to effectively supervise? Why?
- 6. What is the easiest type of person to effectively supervise? Why?

Some light reading ©

 ASHA (2017) Practice Portal: Clinical Education and Supervision <u>http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589942113&s</u> <u>ection=Key_Issues</u>

 ASHA (2013) Report on Knowledge, Skills, and Training Considerations for Individuals Serving as Supervisors:

http://www.asha.org/uploadedFiles/Supervisors-Knowledge-Skills-Report.pdf

Supervision: ASHA Position Statement (2008)

- Clinical supervision is a collaborative process
- Shared responsibility for many of the activities involved in the supervisory experience
- Supervisory relationship: Requires foundation of mutual respect and <u>effective interpersonal communication</u>

Supervisor of Student Interns = Master Clinician

- A professional in the field of speech-language pathology who is asked to be a supervisor/Master Clinician to a student clinician is required to:
- Teach
- Guide
- Evaluate
- (Christodoulou, 2016)

Supervisor of Student Interns

 This includes directing the student through ASHA's required knowledge, skills, guidelines, and ethical tenets as it applies to the setting.

 It also encompasses guiding the student through planning, prioritizing, organizing, developing interpersonal and interdisciplinary relationships, problem solving, and working through conflict resolution

Breen, P., & Murphy, K. (2009). Developing professionalism in our student clinicians. *Perspectives on issues in Higher Education, 12,* 64-68.

ASHA--Responsibilities of those who "Mentor"

- ASHA often uses the term "Mentor"
- CA Licensing board consistently uses the term "supervisor"
- Both terms apply to internship supervision

What is a Mentor?

What is a Supervisor?



ASHA's definition of "Mentor"

- A mentor is a role model
- A mentor has influence that lasts beyond the term of intensive contact
- Mentors adhere to elemental standards of fairness
- Mentors uphold the ASHA code of Ethics

RPE/CF ASHA "Mentor" key duties

- Provide "meaningful" feedback
- Assist in developing independent clinical skills
- Perform ongoing evaluations in the areas of evaluation skills, treatment skills, management skills, and interaction skills

ASHA-Purpose of mentorship

Promotion of ability to:

- Integrate and apply theoretical knowledge from academic training
- Evaluate strengths and identify limitations
- Develop and refine clinical skills consistent with scope of practice
- Advance from constant supervision to independent practitioner

ASHA Role of the Mentee and Mentor Mentee

Mentor

- Provide guidance and support
- Coach /Advisor
- Source of Encouragement/Support
- Resource Person
- Champion
- Devil's Advocate

Mentee

- Driver of Relationship
- Development Planner
- Resource Partner
- Teacher
- Continuous Learner

Mentoring Skills – How do we do this?

- Create an open and supportive climate for discussion
- Demonstrate good listening / follow up skills
- Provide constructive feedback and advice

Self-Assessment

- What are my strengths as a mentor or mentee?
- What are my challenges as a mentor or mentee?
- In what ways can I compensate for my mentoring weaknesses (e.g. books, training, advice from good role model)?

Communication Styles

"I know you believe you understood what you think I said but, I am not sure you realize that what you heard is not what I meant"

~Your Mother

Effective Communication

As communication specialists, we should know how to communicate effectively with supervisees

Effective Communication



Communication Style Self-Assessment

Which one are you?

Your style?



STYLE FLEXING STRATEGIES TABLE

TEMPERAMENT	DRIVER	EXPRESSIVE	AMIABLE	ANALYTICAL
DRIVER COMMUNICATING WITH	 Use your natural style Don't let egos clash Be prepared for a tough contest to win another Driver to your side 	 Be open and friendly Take time to socialise Show personal benefits and recognition to persuade the Expressive 	 Slow down – give support and assurances Don't stress variables or afternatives To bring communication to a conclusion, make decision easy for Amiable and reassure that decision 	 Answer questions Provide more facts than you may want to Encourage evaluation Be patient To close, be firm, polite and decisive after presenting facts allowing adequate evaluation time
EXPRESSIVE COMMUNICATING WITH	 Be formal and to the point Keep your distance; no touching Don't joke or waste time Let Driver feel important Avoid being apologetic Don't feel rejected by the possible bluntness of the Driver Don't compete for recognition Stick to business Be sure to focus on a commitment to action 	 Don't compete for recognition Stick to business Be sure to focus on a commitment to action 	 Earn their trust Don't overly socialise Give plenty of support material Give assurances and testimonials Be polite and reassuring 	 Be factual; give more facts than you like Don't try to impress Analytical with your importance Don't bluff answers Don't touch; keep your distance To persuade, be direct and confident after all questions are answered
AMIABLE COMMUNICATING WITH	 Be yourself, but confident Recognise and accept the Driver's aggressive style Refuse to be intimidated Be confident and get to the point sconer and more forcefully than you feel comfortable with 	 Accept the openness and triendiness of Expressives Be friendly but don't let them waste a lot of your time Don't bog them down with details Conclude by appealing to the personal ego – do it more quickly than you like to 	 Will relate well with other Amiables Be assuring with them, but also confident and assertive Don't wait for them to be totally comfortable to press for decision – just provide assurances that it is the right one 	 Answer questions confidently Give the facts they want Refuse to let their perpetual scepticism discourage you
ANALYTICAL COMMUNICATING WITH	 Don't try to be impressive with excessive facts and figures; give bottom line answers Concentrate on high points Get excited about new ideas Appeal to the individual's ego, not on the merits of the proposal, product, or service – difficult for Analyticals 	 Try to be friendly and fun Be excited about new ideas Sell to the person not the features Don't bog them down with details Close before you feel all the necessary facts are disclosed 	 Be friendly; earn Amiable's trust Slow down on the facts; allow Amiables to digest them Avoid getting too detailed Conclude with assurances 	 Keep control Be friendly Present both sides Close earlier than you feel comfortable doing

How would you communicate this message?

- A colleague is always ready to jump in and help, but lacks follow through. Your boss views your colleague as a "team player", but the fact that she continues to drop the ball, which you are usually picking up, makes this difficult for you to hear.
- How would you communicate to your colleague that she needs to follow through on her commitments?
- When if this were a student?

Models of Supervision

Reflective Practice

 Reflective practice is based on the premise that clinical skills are acquired through hands-on practice and not didactic instruction. Students are encouraged to engage in self-evaluation and problem-solving. The two main components of reflective practice involve the ability to reflect on performance in a prior experience (i.e., reflection-on-action) and the ability to make changes in behavior while engaged in the activity(Ng & Jennings, 2012; Schön, 1983)

cognitive apprenticeship model

 - "students learn to apply skills by performing tasks and solving problems in a variety of authentic contexts" (ASHA,, n.d.b.) The cognitive apprenticeship model uses instructional tools such as modeling, coaching,scaffolding, articulation, reflection, and exploration (Collins, Brown, & Newman, 1989)

Internships: A roadmap to more independent practice.....

Anderson's Continuum of Supervision.....



Stage 1: Evaluation-Feedback Stage

-Supervisor is dominant and directive

-Supervisee benefits from and appreciates specific input
-Supervisor is "the lead" in terms of client planning
-Supervisory feedback is "direct-active:" Supervisor controls and supervisee follows directions

Those with difficulty in planning, critical thinking, time management, or other areas of the therapy process may remain here for longer periods of time.

Stage 2: The Transitional Stage

-Responsibility for <u>case and client management begins to shift</u>to supervisee

-Participation in the planning, implementing, and analyzing the course of treatment for patients/clients increases

-Transition to independence and increased responsibility and planning often creates anxiety for the supervisee

-<u>Supervisor may feel anxious about "giving up control"</u> and needs to be sensitive to signs of supervisee stress

-Supervisee becomes increasingly participatory in all aspects of case management and begins to self-analyze

-<u>Supervisor provides</u> collegial mentoring in the form of additional ideas or reinforcement and may be "directive" in terms of providing "scripting" when needed, appropriate vocabulary choices (think about the voice statement needed on client reports....)

- Stage 3: The Self-Supervision Stage
- -Supervisee grows in clinical independence
- -Supervisee is better able to plan and implement therapy with less supervisory input

-Supervisor serves in an increasingly more "collaboration and feedback" role: Listens and supports the supervisee as he/she problem solves

Supervisee is responsible for caseload management

- Where do most Interns fall on the continuum?
- Does the education process end with the end of on-campus clinic and coursework?
- What is your role?





The Truth Is.....

- Anderson's starts over again with any given clinical situation that is introduced......
- We are all learning for our whole career.....and at different points we need mentoring/training/guidance......



Master Clinicians: What are some teaching strategies that have worked for others?

Students: What are some learning strategies that have worked with other Clinical Instructors?



Internships

Combining Anderson's model with the following ensure high quality, evidence-based supervision (Chrisodoulou, 2016):

- Evaluation
- Constructive, timely feedback
- Focus on increasing independent practice
- Self-reflection
- Monitoring

What are some tools for this?

Internships

• Using an expectation **form, or list, which itemizes expectations** for each party can help with this.....

Ghazzawi, G. (2007, March). *Focus group report: Externship supervision*. Paper presented at ASHA Health Care Conference. Bethesda, MD. Retrieved from http:<u>www.asha.org/uploadedFiles/slp/FocusGroupExternSupervision.pdf</u>

 Homework for all: Review the week-by week timeline and Sacramento State form in handbook for internship weekly meetings

ASHA Practice Portal: SQF....For students, but relevant to RPE/CFs as well....

- The Supervision, Questioning and Feedback (SQF) model of clinical teaching integrates supervision, questioning and feedback into clinical learning experiences. It is designed to help the student clinician become an autonomous clinician with sound clinical reasoning (Barnum et al., 2009).
- The SQF model incorporates
- supervision (S) that changes in response to the needs of the learner and the situation;
- strategic questioning (Q) to facilitate development of clinical reasoning skills by providing a model for thinking; and
- meaningful feedback (F) to help shape learning and skill development.

ASHA Practice Portal: SQF

- Strategic questioning consists of consciously adapting the timing, order, and phrasing of questions to help the student process information at increasingly more complex levels. In order of complexity, questions require recall of facts; comparison, analysis, synthesis, and application of knowledge; and the ability to evaluate information, formulate plans, infer meaning, and defend decisions (Barnum 2008).
- Three types of feedback can be utilized—confirming lets students know when knowledge and skills are being applied correctly;
 corrective lets them know when these skills are not on target; and guiding reinforces and advances current levels of knowledge and skills (Barnum & Guyer, 2015).
- Specific **questioning** and **feedback** techniques depend on the clinical situation—the student clinician, the task he or she is trying to complete, the urgency with which the task must be completed, and the consequences for the patient/student/client and for the student clinician (Barnum & Guyer, 2015).

Supervisee Critical Thinking

- <u>Assumed</u> to be in place after education/courses
- Still need to be taught in practice
- It is recommended that supervisors <u>develop a framework</u> for the intentional use of questions to foster a "lifelong disposition towards critical thinking in professional practice" (Gavett & Peaper, 2007, p. 5).

Feedback

Appreciative=motivate

Nice job! I like all of the preparation you did.

Coaching= improving skills

Your feedback to the student should be more descriptive; let's talk about that.

Evaluative=ranking or based on standards

As an intern at this point in the semester, you should be able to do this without support; you need to improve in this area.

Feedback

- Feedback-seeking behaviors have been correlated with higher performance ratings, greater creativity, and enhanced learning (Crommelinck & Anseel, 2013)
- Clinical Supervisors/Master Clinicians can teach this behavior and encourage it and model it to the Supervisee (McCready, 2016)
Don't wait for the midterm and final competencies......<u>Set aside a time to meet</u> weekly!

- Review the Personal Objectives Sheet from the Handbook!
- Revise listed objective list jointly
- Discuss week's instances of SQF

Master Clinicians: What are some teaching strategies that have worked for others?

Students: What are some learning strategies that have worked with other CIs?



"Good Teaching" and "Learning" Strategies for Clinical Instruction



Bloom's

ADAMS, N. (2015). BLOOM'S TAXONOMY OF COGNITIVE LEARNING OBJECTIVES. JOURNAL OF THE MEDICAL LIBRARY ASSOCIATION, 103(3). BLOOM, B. (1956). TAXONOMY OF EDUCATIONAL OBJECTIVES: THE CLASSIFICATION OF EDUCATIONAL GOALS. LONGMANS, GREEN: NEW YORK, NY

- Knowledge-Retention of discrete pieces of information
- Comprehension -paraphrasing, classifying into groups, comparing and contrasting
- Application-Using knowledge in new situations
- Analysis
 -Critical thinking, such as distinguishing between fact and opinion and identifying the claims upon which an argument is built
- <u>Synthesis</u>-Creating a novel product in a specific situation
- Evaluation Critical thinking, such as reflecting on a situation to judge its merit



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Revised Bloom's

ANDERSON, L. & KRATHWOHL, D. (2001). A TAXONOMY FOR LEARNING, TEACHING, AND ASSESSING: A REVISION OF BLOOM'S TAXONOMY OF EDUCATIONAL OBJECTIVES. LONGMANS: NEW YORK, NY.

- <u>Remembering</u>—Recalling previously learned information
- <u>Understanding</u>—Comprehending the meaning/Stating in own words
- <u>Applying</u>—Using a concept in a new situation/applies what was learned in the classroom in new situations
- <u>Analyzing</u>—separates material or concepts into components to understand organizational structure/distinguishes between facts and inferences
- Evaluating make judgments about the value of ideas or materials
- Creating—Builds a structure or pattern from diverse elements/put parts together to forma whole with emphasis on creating a new meaning or structure



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Benefits of Bloom's-Based Instruction to our Interns (Adams, 2015)

- · Encourages instructors to think about what the learner can "do"
- Highlights the need for learning objectives that require higher cognitive skills that lead to deep learning and transfer of knowledge and skills to other tasks and contexts



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Bloom's for Adult Learners?

NKHOMA, M., LAM, T., SRIRATANAVIRIYAKUL, N., RICHARDSONM, JL, KAM, B., LAU, K. (2017). UNPACKING THE REVISED BLOOM'S TAXONOMY: DEVELOPING CASE-BASED LEARNING ACTIVITIES. *EDUCATION* + *TRAINING*, *59* (3) 250-264.

- While we often think of Bloom's as being part of early elementary education, research has shown it's benefits to adult learners
- A recent study used case studies based on the revised Bloom's taxonomy in teaching an undergraduate internet for business class. The results showed that <u>knowledge application created a positive</u> <u>impact on higher order thinking</u>. The implication was that cognitive process is enhanced by using case studies where learning activities are designed based on the revised Blooms' Taxonomy.

Activity

- Let's use Bloom's Taxonomy to come up with a plan leading to student mastery of a therapy method for articulation of the /l/ phoneme.....
- Or use Bloom's Taxonomy to come up with a plan leading to student mastery of therapy for teaching basic concepts in receptive language.....

Good Teaching: Madeline Hunter's Teaching Methods

HUNTER, M. (1982). MASTERY TEACHING: INCREASING INSTRUCTIONAL EFFECTIVENESS IN ELEMENTARY AND SECONDARY SCHOOLS, COLLEGES, AND UNIVERSITIES. THOUSAND OAKS, CA: CORWIN PRESS. HUNTER, M. (1994). MASTERY TEACHING. THOUSAND OAKS, CA: CORWIN PRESS.

- ANTICIPATORY SET IS AN INTRODUCTION: IT ELICITS ATTENDING BEHAVIOR AND A MENTAL READINESS FOR THE LESSON. THE ACTIVITY MUST FOCUS STUDENTS' ATTENTION, PROVIDE BRIEF PRACTICE ON PREVIOUSLY ACHIEVED LEARNING, AND DEVELOP A READINESS FOR INSTRUCTION THAT WILL FOLLOW.
- **PURPOSE/OBJECTIVE:** COMMUNICATE TO THE STUDENTS WHAT THEY WILL BE ABLE TO DO BY THE END OF THE INSTRUCTION. EXPLAIN WHY THE ACCOMPLISHMENT OF THIS IS IMPORTANT IN LIFE.
- **INPUT**: TELL THE STUDENTS EXACTLY WHAT THEY WILL NEED TO DO...STEP IT OUT.
- MODEL: PROVIDE AN EXAMPLE OF A FINISHED PRODUCT AND STEPS FOR HOW YOU GOT THERE.
- GUIDED PRACTICE: SUPPLY YOUR STUDENTS WITH MATERIALS FOR WHAT TO DO IN THE UNIT AND YOU AND YOUR AID WALK AROUND CHECKING ON THEIR PROGRESS.
- CHECK FOR UNDERSTANDING: ASK SPECIFIC QUESTIONS ABOUT WHAT YOU JUST TAUGHT AND HAVE THEM SHOW THAT THEY UNDERSTAND WHAT THEY ARE TO DO THROUGH THUMBS UP, ANSWERING YES/NO, NODDING YES/NO, OR ANSWERING SPECIFIC QUESTIONS YOU ASK THEM.
- INDEPENDENT PRACTICE: INCLUDES INDEPENDENT PRACTICE IN CLASS WITHOUT THE AVAILABILITY OF
 THE TEACHER.
- CLOSURE: SUMMARIZE ATTRIBUTES OF CONCEPTS TAUGHT/ACTIVITY COMPLETED.

Madeline Hunter for Adult Learners?

STEWARD, M., MARTIN, G., BURNS, A., & BUSH, R. (2010). USING THE MADELINE HUNTER DIRECT INSTRUCTION MODEL TO IMPROVE OUTCOMES ASSESSMENTS IN MARKETING PROGRAMS. JOURNAL OF MARKETING EDUCATION, 32 (2) 128-139.

- Results showed a double-digit improvement in student achievement when a Madeline Hunter Direct Instruction Model was as an approach to improve student learning through <u>course-embedded</u> <u>assessment</u> and compared to more traditional college teaching methods
- The method offers a viable tool for use in such settings.

The bottom line...

- Never assume knowledge. Sometimes the grad students we supervise are so good that we forget they are students! ...
- Set clear expectations. ...
- Teach critical thinking. ...
- Schedule supervision time and protect that time. ...
- Ensure a comprehensive experience.

Video Activity

- After watching this video, let's identify which of Madeline Hunter's Teaching Methods this SLP is demonstrating to her SLPA.
- Let's come up with a plan for each step in Madeline Hunter's hierarchy required to move the intern or SLPA to "closure" or "mastery."

<u>https://www.youtube.com/watch?v=koFtA3pbWhQ&t=16s</u>

<u>https://www.youtube.com/watch?v=kYDYrHeOFLY</u>



Handbook Review

• Let's review the Internship Handbook......



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